

STATEMENTS OF AFDC MOTHER AND UNRELATED ADULT MALE

A statement of financial arrangements must be made when an unrelated adult male is living with an Aid to Families with Dependent Children (AFDC) household in which the mother is included as the needy caretaker. An unrelated adult male other than a roomer or boarder residing with your family must contribute to your family an amount not less than what it would cost him to maintain an independent living arrangement as defined by the Department of Social Services.	COUNTY USE ONLY	
	CASE NAME	
	CASE NUMBER	
	WORKER NAME	WORKER NUMBER

To: _____ County Welfare Department

AFDC MOTHER'S STATEMENT

I, _____, the undersigned, am the mother of one or more children for whom I am applying for or receiving AFDC. I have been informed of the requirements of the AFDC program with respect to an unrelated adult male who lives with an AFDC family. There is an unrelated adult male living with us. I submit the following information regarding him and the financial arrangements we have entered into:

(FIRST)

MIDDLE

LAST)

① His name is (Print)

② We have lived in the same household since (Enter date)

③ To the best of my knowledge, he has monthly earnings and/or other income which total about \$ _____
If amount is not known, check here ☐.

(GROSS INCOME)

④ To the best of my knowledge, he has monthly work-related expenses, (including transportation, child care and mandatory payroll deductions), which total about \$ _____ If the amount is not known, check here ☐.

⑤ The number of his dependents living with us is \$ _____

⑥ He contributes \$ _____ each month to help me and my children with **our** housing, utilities, food and clothing expenses. Explain how:

⑦ In addition to the amount in Item ⑥, he gives me \$ _____ each month to cover specific expenses.
Explain:

⑧ Our monthly household expenses are:

Item	Total Cost	Amount I Pay	Amount He Pays	Paid To
Rent or House Payment	\$	\$	\$	
Utilities	\$	\$	\$	
Food	\$	\$	\$	
Clothing	\$	\$	\$	

⑨ There is an agreement between us to change one or more of the items in ⑧ : ☐ Yes ☐ No

If Yes, explain:

I certify through my signature that each of the statements given is true and correct to the best of my knowledge and belief. I make this statement under the penalty of perjury and understand that any willful concealment or misstatement of material fact in this statement of which I have been given notice subjects me to the penalties prescribed for perjury in the Penal Code by the State of California. I agree to tell the county welfare department at once when there are any changes in the facts presented in this statement.

SIGNATURE (OR MARK) OF AFDC MOTHER

DATE SIGNED

COUNTY WHERE SIGNED

SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR PERSON COMPLETING FORM FOR APPLICANT/RECIPIENT

DATE SIGNED

UNRELATED ADULT MALE'S STATEMENT

I, the undersigned, am aware of the requirements of the AFDC program with respect to an unrelated adult male who lives with an AFDC family. I understand that the unrelated adult male (a) must by law contribute to the family each month an amount at least equal to the cost to him of living elsewhere in an independent living arrangement, in accordance with the standard set by the Department of Social Services; and (b) must by law sign a statement regarding his financial arrangements with the AFDC mother with whom he is living; and (c) must be reported to the district attorney if he refuses to make the required contribution or refuses to sign the required statement.

The information requested above was entered on this statement before I signed my name.

I certify through my signature that each of the statement given is true and correct to the best of my knowledge and belief. I make this statement under the penalty of perjury and understand that any willful concealment or misstatement of material fact in this statement of which I have been given notice subjects me to the penalties prescribed for perjury in the Penal Code by the State of California. I agree to tell the county welfare department at once when there are any changes in this statement while I am in the household.

SIGNATURE (OR MARK) OF UNRELATED ADULT MALE

DATE SIGNED

COUNTY WHERE SIGNED

SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR PERSON COMPLETING FORM FOR THE UNRELATED ADULT MALE

DATE SIGNED

COUNTY USE ONLY